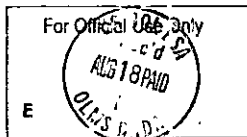


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>11081</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <b>Ronald J Slaven, SR</b>  P.O. Box, Bldg., Room No., if any  Street <b>1320 West National Drive</b>  City <b>Sacramento</b>  State <b>California</b> ZIP Code + 4 <b>95834</b>	4. Name, file number, and address of labor organization.  Name <b>Laborers Local 185</b>  Labor Organization File Number <b>042-740</b>  P.O. Box, Building and Room Number, if any  Street <b>1320 West National Drive</b>  City <b>Sacramento</b>  State <b>California</b> ZIP Code + 4 <b>95834</b>
5. Position in labor organization. <b>Vice President / Business Representative</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.) <i>It is conceivable that I received the benefit of a meal/refreshment or social event from an individual who may be employed by a reportable entity, under the labor management reporting act, which I did not report because I do not have any recollection of these encounters and I have no specific recollection of any benefits received.</i>		
Signed <i>Ronald Slaven</i>	On <b>8/13/05</b>	Telephone Number <b>916/928-8300</b>

Name of Person Filing Ronald Slaven, SA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

9. Business deals with

Name CA LECET

a. Labor Organization

Trade Name, if any.

☒ b. Trust

P.O. Box, Bldg., Room No., if any

c. Employer

Street 620 Sunbeam Avenue

City Sacramento

State California

ZIP Code +4 95814

10. If 9.b. or 9.c. is checked give trust or employer's name

11 a. Nature of such dealing

Name Laborers Trust Funds for Northern California

Provide assistance to local unions and employers.

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 220 Campus Lane

11.b. Approximate dollar value of such dealing.

\$25

City Fairfield

12 a. Nature of interest held or income received.

State California

ZIP Code +4 94534-1498

Unknown

12 b. Amount.

Unknown

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.a. Nature of payment

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code +4

13 b. Is the Business an Employer

or Consultant

?

14 b. Amount of payment

Name of Person Filing <b>Ronald Slaven, SR</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name if any).</p> <p>Name <b>McMorgan &amp; Company</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>One Bush Street, Suite 800</b></p> <p>City <b>San Francisco</b></p> <p>State <b>California</b> ZIP Code + 4 <b>94104</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Laborers Trust Funds for Northern California</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>220 Campus Lane</b></p> <p>City <b>Fairfield</b></p> <p>State <b>California</b> ZIP Code + 4 <b>94534</b> <b>1498</b></p>	<p>11.a. Nature of such dealing</p> <p><b>Provides assistance to related funds.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$30</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Unknown</b></p> <p>12.b. Amount. <b>Unknown</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

B. He'd an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Welk Insurance Agency Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8601 Greenback Lane

City Orangevale

State California

ZIP Code + 4 95662

## 9 Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11 a. Nature of such dealing

Provides insurance services.

## 11.b. Approximate dollar value of such dealing

Unknown

## 12.a. Nature of interest held or income received.

Spouse is an hourly employee of Welk Insurance Agency, Inc.

## 12.b. Amount.

\$18,062

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment:

13.b. Is the Business an Employer

or Consultant?

?

## 14.b. Amount of payment: